## **SUB RECIPIENT'S VENDORS**

This information is cumulative, and is updated quarterly. For any vendor, to whom you paid \$25,000 or more for goods or services (in any quarter) to help you carry out your Recovery Act program or project, you must supply the information requested. Each quarter you will need to add any new vendors not yet reported in previous quarters, and adjust the aggregated amount paid accordingly. Failure to report this information each quarter would be considered a material omission for purposes of contract compliance.

|          | ourposes of contract compliance.            |             |   | A mana mata d |
|----------|---|-------------|---|---------------|
| Vendor's |   | Van de a US |   | Aggregated    |
| DUNS     |   | Vendor HQ   |   | Amount Paid   |
| Number   | Vendor's Name                               | Zip Code+4  | Product/Service Description             | to Vendor     |
|          | Urban Mobility Group DBA                    |             |   |               |
|          | Commute Seattle                             | 98101-1230  | bike inventory assessment- initial work | \$14,961.00   |
|          | Urban Mobility Group DBA<br>Commute Seattle |             |   |               |
|          | Commute Seattle                             | 98101-1230  | bike inventory and preliminary analysis | \$20,595.06   |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |
|          |   |             |   |               |

| Vendor's<br>DUNS |               | Vendor HQ  |                             | Aggregated<br>Amount Paid |
|------------------|---------------|------------|-----------------------------|---------------------------|
| Number           | Vendor's Name | Zip Code+4 | Product/Service Description | to Vendor                 |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             | 1                         |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             | 1                         |
|                  |               |            |                             | <del> </del>              |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             | 1                         |
|                  |               |            |                             | 1                         |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             | 1                         |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |
|                  |               |            |                             |                           |

| Vendor's<br>DUNS |               | Vendor HQ  |                             | Aggregated Amount Paid |
|------------------|---------------|------------|-----------------------------|------------------------|
| Number           | Vendor's Name | Zip Code+4 | Product/Service Description | to Vendor              |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | <b>_</b>               |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |

| Vendor's<br>DUNS |               | Vendor HQ  |                             | Aggregated Amount Paid |
|------------------|---------------|------------|-----------------------------|------------------------|
| Number           | Vendor's Name | Zip Code+4 | Product/Service Description | to Vendor              |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | <b>_</b>               |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |

| Vendor's<br>DUNS |               | Vendor HQ  |                             | Aggregated Amount Paid |
|------------------|---------------|------------|-----------------------------|------------------------|
| Number           | Vendor's Name | Zip Code+4 | Product/Service Description | to Vendor              |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | <b>_</b>               |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |

| Vendor's<br>DUNS |               | Vendor HQ  |                             | Aggregated Amount Paid |
|------------------|---------------|------------|-----------------------------|------------------------|
| Number           | Vendor's Name | Zip Code+4 | Product/Service Description | to Vendor              |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | <b>_</b>               |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |

| Vendor's<br>DUNS |               | Vendor HQ  |                             | Aggregated Amount Paid |
|------------------|---------------|------------|-----------------------------|------------------------|
| Number           | Vendor's Name | Zip Code+4 | Product/Service Description | to Vendor              |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | <b>_</b>               |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             | 1                      |
|                  |               |            |                             | 1                      |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |
|                  |               |            |                             |                        |

| Vendor's |               |            |                             | Aggregated<br>Amount Paid |
|----------|---------------|------------|-----------------------------|---------------------------|
| DUNS     |               | Vendor HQ  |                             | Amount Paid               |
| Number   | Vendor's Name | Zip Code+4 | Product/Service Description | to Vendor                 |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |
|          |               |            |                             |                           |